

DEPARTMENT OF HEALTH SERVICES

13th Street, Room 100
... BOX 942732
SACRAMENTO, CA 94234-7320
(916) 322-1086

Letter No.: 99-5
Dated: April 29, 1999



TO ALL COUNTY MEDICAL SERVICES PROGRAM WELFARE DIRECTORS

SUBJECT REVISED 1999 CMSP ELIGIBILITY MANUAL

The purpose of this All County Letter is to announce the availability of the newly revised 1999 County Medical Services Program (CMSP) Eligibility Manual. On April 22, 1999, the CMSP Governing Board approved the Manual for distribution. Please be advised that the CMSP will provide one Manual for each CMSP eligibility worker and CMSP eligibility supervisor. Each County must complete the attached form indicating the number of Manuals requested and where they should be shipped. CMSP will only provide multiple copies of the Manual this one time.

After the initial distribution, each county will be required to reproduce any additional Manuals for new staff. Upon receipt of the revised Manual, counties are directed to destroy/recycle the previous version. As revisions to this Manual become necessary, CMSP will send one copy of the revised pages to each county welfare director for reproduction and distribution within the county.

The CMSP would like to acknowledge the efforts of county staff which participated in the Manual revision work group, providing expertise, valuable suggestions, and clarifications which went into this product. Specifically, the CMSP and the Governing Board would like to thank Ms. Kim Seamans, Sonoma County Human Services Department; Ms. Beverly Binkier, Colusa County Department of Health and Human Services; and Ms. Sally West, El Dorado County Department of Social Services.

If you have any questions concerning the Manual or the ordering of copies, please direct them to Gary Varner, of the CMSP Unit, at (916) 322-1613.

A handwritten signature in blue ink that reads 'Linda McFarland'.

Linda McFarland, Chief
County Medical Services Program

Enclosure

CMSP 1999 ELIGIBILITY MANUAL ORDER FORM

COUNTY: _____

DATE: _____

PLEASE SEND _____ COPIES OF THE REVISED 1999 CMSP
ELIGIBILITY MANUAL TO:

NAME OF PERSON COMPLETING ORDER: _____

TELEPHONE NUMBER:

MAIL THIS FORM TO: COUNTY MEDICAL SERVICES PROGRAM
ATTN: GARY VARNER
1800 3RD STREET, ROOM 100
P.O. Box 942732
SACRAMENTO, CA. 94234-7320

OR

FAX THIS FORM TO: (916) 323-3350